



7/1/2014 RFA

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

FOR

**COMMUNITY-BASED
AND FAITH-BASED ORGANIZATION
HEALTH DISPARITIES INITIATIVE**

RFA # 34352-24517

REQUEST FOR APPLICATION**STATE OF TENNESSEE****DEPARTMENT OF HEALTH****I. Introduction:**

The Tennessee Department of Health, Office of Minority Health and Disparities Elimination is releasing this competitive opportunity for mini-grant funding. The Tennessee Department of Health's mission is to protect, promote and improve the health and prosperity of people in Tennessee. Within the Department of Health, the mission of the Office of Minority Health and Disparities Elimination (OMHDE) is to promote health policies, programs, and services designed to improve health and quality of life by preventing and controlling the disproportionate burden of disease, injury, and disability among disparities populations, particularly racial and ethnic minorities (i.e., African Americans or Blacks, Hispanics or Latinos, and other groups with health disparities). The OMHDE's vision is to serve as a leader throughout the state through collaborating and engaging to recognize and address health disparities.

The OMHDE issues this Request for Application (RFA) for soliciting applications from Community-based and Faith-based organizations that will produce innovative strategies to help improve the health of local communities by incorporating Social Determinants of Health¹ (SDOH) into implementation strategies. Under this RFA, up to fifteen (15) grants for a maximum amount of \$10,000 will be awarded to Community-based or Faith-based organizations which are chartered in the State of TN as organizations or businesses (including but not limited to those designated as 501c3 organizations).

Successful applicants will propose to initiate or develop projects that address health disparities and SDOH through the following objectives:

- Engage populations with health disparities
- Identify SDOH that influence the conditions of populations, particularly among racial and ethnic minority populations (i.e., African Americans or Blacks, Hispanics or Latinos, and other groups with health disparities) as well as health outcomes for the targeted population(s);
- Identify sustainable strategies to improve health outcomes through "upstream" prevention approaches
- Plan and implement activities to address at least one identified SDOH;
- Measure the progress in attaining goals for improved health outcome(s);
- Evaluate the success of the partnership in accomplishing the project's goals; and

¹ Secretary's Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020. Healthy People 2020. "An Opportunity to Address Societal Determinants of Health in the United States." 2016.

<http://www.healthypeople.gov/2010/hp2020/advisory/societaldeterminantshealth.htm>

- Disseminate outcomes to other organizations and communities. The anticipated start date is April 1, 2017, and proposed activities must be completed within 15 months. The number and amount of grants awarded will depend on the number and budgets of the Applications received. **Please Note: Only one grant will be awarded per applicant organization.** Funding may not be used to support existing program operations or activities unrelated to the development or implementation of the proposed project. Funding may not be used to support salaries. No match will be required for grant awards, but matching cash or in-kind resources may be considered during evaluation of applications.

Demonstration of participation by proposed partners in the development of the application is required. Applications which do not meet this requirement will not be considered. Collaborations with youth and college groups are strongly encouraged. Local Health Departments welcome the opportunity to collaborate with community partners. For this reason, applicants are strongly encouraged to collaborate with local or regional health departments in addressing health disparities. Contact information for Local County and Regional Health Departments can be found at this website:

<http://www.tn.gov/health/topic/localdepartments>

Research shows that a social, political, and economic environment in which a person lives has a large impact on health outcomes. SDOH are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. OMHDE works to empower organizations to foster and strengthen initiatives undertaken by local partners to address SDOH that will impact their communities and region. These grants are intended to encourage organizations serving communities with health disparities, particularly among racial and ethnic minority populations (i.e., African Americans or Blacks, Hispanics or Latinos, and other groups with health disparities), to identify or create innovative community level primary prevention strategies, with an emphasis on social determinants, that will build capacity of their community and impact policy in favor of producing optimal health outcomes.

Examples of SDOH² include the following:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety

² US Department of Health and Human Services. Healthy People 2020. "Social Determinants of Health: Topics and Objectives." 2016. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture

Applicants must propose a project or activity/ies that focus on **one** of the following health outcomes:

- Infant Health (Breastfeeding/Infant Mortality)
- Obesity/Physical Activity
- Human Immunodeficiency Virus/Sexually Transmitted Infections (HIV/STIs)
- Tobacco/Smoking Cessation
- Emergency Preparedness

Please see Exhibit 1 for suggestions of measurable outcomes to be considered when thinking about the end goal of your initiatives.

Applicants are required to provide a project narrative and timeline. The project narrative must align with the RFA objectives and include the following:

1. Organizational description and history including: leadership and service capacity, partnerships, experience working in the communities with the identified racial and ethnic population(s)
2. Describe how the organization will identify, recruit, and engage target population(s). Discuss outreach and recruitment strategies.
3. Discuss partners or collaborations that will assist your organization in the proposed project.
4. Describe the type of activities the program intends to coordinate. If known, include when and where event(s) will be held and how many will participate.
5. Discuss how the organization will be responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
6. Discuss how the organization will ensure accurate documentation and reporting of activities.
7. Discuss how expenditures related to the project will be monitored and reported.
8. Submit a timeline for the completion of tasks and activities.

Applicants are required to submit an evaluation plan with the application. In the evaluation plan, briefly describe any anticipated outcomes or deliverables of the proposed activity, a plan for disseminating results of the project to partners and other

stakeholders, and how this information will be used by partners to move toward any long-term goals.

Evidence of movement toward effective community partnerships in addressing the selected health area is required. Partnerships that address social determinants and barriers that lead to poor health and increase opportunities for healthier lives will be prioritized.

Through this funding opportunity, OMHDE expects to improve efforts to establish and enhance multicultural partnerships in communities with health disparities.

Successful applicants shall be required to provide the following:

- Commitment to attend any State requested meetings, trainings, and/or teleconferences (Advanced notice will be provided. Travel to Nashville for up to two meetings should be included in your budget.);
- Quarterly Progress and Financial Reports
- Logic Model within first quarter of the project
- Final Report and PowerPoint Presentation

Additional resources that may be helpful:

Data to help identify health disparities and target populations:

- **America's Health Rankings:**
<http://www.americashealthrankings.org/explore/2015-annual-report/state/TN>
- **County Health Rankings:**
<http://www.countyhealthrankings.org/app/tennessee/2016/overview>
- **US Census Bureau:**
<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Evidence-based practices, goals and measures:

- **Healthy People 2020 Leading Health Indicator Topics:**
<https://www.healthypeople.gov/2020/leading-health-indicators/2020-LHI-Topics>

Social Determinants of Health:

- **Robert Wood Johnson Foundation:**
<http://www.rwjf.org/en.html>
- **Logic Model Development:**
<http://metricsforhealthycommunities.org/logic-model/search>
<http://www.cals.uidaho.edu/edcomm/pdf/CIS/CIS1097.pdf>

<https://www.cdc.gov/std/Program/pupestd/Components%20of%20a%20Logic%20Model.pdf>

Cultural Competency:

- **U.S. Department of Health and Human Services Office of Minority Health:**
<http://minorityhealth.hhs.gov/>
- **National CLAS Standards**
<https://www.thinkculturalhealth.hhs.gov/clas>

S.M.A.R.T. Goals and Objectives:

- <http://www.health.state.mn.us/divs/opi/qi/toolbox/objectives.html>

II. APPLICATIONS:

To respond to this Request for Application, please complete the **Application**. See also IRS Form W9 and State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions for completion. The **Application** contains detailed questions about your organization's background and the specifics of your proposed project. Please provide a project timeline, evaluation plan, logic model and a letter of commitment from participating partners detailing the services they will provide to your organization and their willingness to continue to provide those services.

Attachment 2 is the Grant Budget. This section shall contain all information relating to cost, based on a line item budget. Complete the Grant Budget form and the attached Line Item Details form. A description of how dollars will be used must be provided for each line item completed, as applicable for the Budget form.

Note: Please use the Department of Finance and Administration – Policy 03 Schedule A, (please refer to pages 11-16 of that policy) for your use in determining which expense category an item should be listed in your grant budget. This policy can be found on the internet at the address listed below:

<https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>

Given the limited amount of available funding and the nature of these applications, priority will be given to applications that minimize indirect costs.

III. Schedule of Events:

The following is the anticipated schedule for awarding grants for the Community-based and Faith-based Organizations Health Disparities Initiative. The State reserves the right to adjust the schedule as it deems necessary.

EVENT	TIME (Central Time)	DATE (all dates are state business days)
1. RFA Issued		Monday, February 6, 2017
2. Pre-proposal Teleconference	11:30 a.m.	Wednesday, February 8, 2017
3. Written "Questions & Comments" Deadline	11:59 p.m.	Monday, February 13, 2017
4. State Response to Written "Questions & Comments"		Friday, February 17, 2017
5. Deadline for Applications	11:59 p.m.	Friday, February 24, 2017
6. Evaluation Notice Released		Tuesday, March 7, 2017
7. Effective Start Date of Contract		Saturday, April 15, 2017

Pre-proposal Tele-Conference:

A Pre-Proposal Teleconference will be held at the time and date detailed in the Schedule of Events to answer questions concerning the funding opportunity.

Any applicant desiring to submit an application in response to this RFA is encouraged to have at least one (1) representative on the teleconference, however participation is not mandatory. The Tele-conference number is **1-888-757-2790** and the participant passcode is **817321**.

Questions and Answers:

All questions concerning this RFA must be presented to the Competitive Procurement Coordinator shown in Section IV., in writing, on or before the Deadline for Written Questions and Comments as detailed above in the Schedule of Events. Questions may be faxed, emailed, mailed or hand-carried to the Competitive Procurement Coordinator. The State's responses will be emailed and posted as an Amendment to the following website: <http://tn.gov/health/article/funding-opportunities>.

Deadlines stated above are critical. If documents are submitted late, they will be deemed to be late and cannot be accepted. The clock-in time will be determined by the time of the online submission. No other clock or watch will have any bearing on the time of application receipt.

Each applicant shall assume the risk of the method of dispatching any communication or application to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

IV. Submission of APPLICATIONS:

Please submit the completed application with all attachments by online submission via the following link no later than the deadline specified in Section III, Schedule of Events in the form and detail specified in this RFA.

Web Link: <http://tn.gov/health/article/funding-opportunities>

Please contact the Competitive Procurement Coordinator at the address shown below with any issues or concerns with online submission. **The APPLICATION and all attachments must use 12-point font.**

Melissa Painter
Competitive Procurement Coordinator
Service Procurement Program
Division of Administrative Services
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285
Fax: (615) 741-3840
Email: Melissa.Painter@tn.gov

Checklist for Submission of Applications:

- Application Form, signed in blue ink
- Form W-9, Request for Taxpayer Identification Number (TIN) and Certification
- State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (**Mailing Instructions at bottom of form**)
- Letters of Commitment from Participating Partners
- Project Timeline, Narrative, and Evaluation Plan
- 2-page Budget Form

V. Application Evaluation:

The Office of Minority Health and Disparities Elimination is looking for innovative projects that will help improve health outcomes and demonstrate measureable impact in the disparate communities. Funded projects will need to demonstrate sustainability.

An evaluation committee made up of at least three (3) representatives of the Department of Health will be established to judge the merit of eligible applications.

A. The committee shall review applications on the basis of the information requested in the RFA. Applications will be evaluated and weighted based on the following criteria:

- *Demonstration of the understanding of health disparities, social determinants of health, and degree of severity for targeted population (25%)*
- *Approach to address selected health issue and plan for project execution is feasible and relevant (25%)*
- *Plan for measuring impact of project and disseminating the results (25%)*
- *Collaboration, engagement and organizational capacity (25%)*

The committee will evaluate and recommend approval to the Office of Minority Health and Disparities Elimination the applications which are most responsive to the State's needs.

B. Any application that is incomplete or that contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances and to reject any or all applications. The State reserves the right to request clarifications from all applicants.

VI. Sample Grant Contract:

Following the State's evaluation, grant contracts will be prepared as shown in the **Sample Grant Contract**.

It is recommended that each applicant review the entire Sample Grant Contract with legal counsel prior to submitting an application for a grant award and notify the State **in advance** if it cannot accept any terms or conditions. If any contract changes are requested, additional approvals may be required.

Exhibit 1 Sample Measurable Outcomes

Suggested measurable outcomes to consider when thinking about the end goal of your initiatives include, but not limited to, the following:

Infant Health (Breastfeeding/Infant Mortality)		
Sample Outcomes	Short-Term Metrics	Intermediate Metrics
<ul style="list-style-type: none"> • Increase support of breastfeeding • Increase support groups for breastfeeding mothers • Increase lactation training • Development of community breastfeeding resource list • Increase knowledge of breastfeeding policies • Increased knowledge of infant mortality • Increased knowledge of benefits to breastfeeding • Increased safe sleep training 	<ul style="list-style-type: none"> • Percentage of individuals that have access to breastfeeding/lactation room • Number of individuals participating in initiative • Number of individuals receiving education on breastfeeding • Number of individuals that promote breastfeeding • Number of individuals promoting breastfeeding policies • Number of individuals that promote safe sleep practices • Number of individuals that received safe sleep materials • Number of trainings and individuals trained 	<ul style="list-style-type: none"> • Develop follow-up surveys for individuals to determine continued breastfeeding initiation • Track individuals progress from the beginning of program/initiative to end • Determine if there is an increase in participation • Track dissemination of breastfeeding resource list

Obesity/Physical Activity		
Sample Outcomes	Short-Term Metrics	Intermediate Metrics
<ul style="list-style-type: none"> • Increase in individuals who visit local farmer's market • Increase in the amount of community gardens available in the community • Increase in knowledge of healthy eating • Increase availability of 	<ul style="list-style-type: none"> • Number of individuals that visit local farmer's market • Percentage of individuals who have access to a community garden • Number of individuals receiving nutrition education 	<ul style="list-style-type: none"> • Develop follow-up surveys for individuals to determine if they are continuing healthy eating behaviors • Track individuals' progress from the beginning of program/initiative to end • Determine if there is an

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| <p>healthier food and beverage choices in public venues</p> <ul style="list-style-type: none"> • Increase knowledge of policies supporting healthy eating choices • Increase awareness, knowledge, and skills related to how to save money on food • Increase the amount of physical activity individuals perform on a weekly basis • Increase awareness, knowledge and skills related to health benefits of increased physical activity • Increase utilization of local parks within the community • Percentage of individuals will decrease their BMI after completion of program | <ul style="list-style-type: none"> • Number of individuals that have increased their fruit and vegetable consumption • Number of individuals participating in initiative • Number of local full-service grocery stores • Number of individuals promoting adoption of key policies that support healthy eating • Number of individuals developing a food budget or increased home meal preparation • Number of minutes individuals spend doing physical activity • Number of individuals receiving education to increase physical activity • Number of miles individuals walk during program • Number of individuals who experience a decrease in BMI • Number of individuals participating in initiative | <p>increase in participation</p> <ul style="list-style-type: none"> • Determine the amount of individuals using facilities • Track number of individuals that visit full service grocery stores • Track number of policies adopted • Track number of individuals who decreased amount of money spent on food • Survey individuals on what they would like to receive from program (weight loss, more physical activity, etc.) • Create periodic survey for attendees on health benefits received from participation and feedback on how to improve program |
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HIV/STIs

Sample Outcomes	Short-Term Metrics	Intermediate Metrics
<ul style="list-style-type: none"> • Increase HIV/STI education • Increase youth leaders in HIV/STI education 	<ul style="list-style-type: none"> • Number of individuals participating in initiative • Number of individuals received HIV/STI education • Number of individuals engaged in risky behavior 	<ul style="list-style-type: none"> • Develop follow-up surveys for individuals to determine if they are continuing healthy sexual behavior • Track individuals' progress from the beginning of program/initiative to end

- Number of trainings and individuals trained in HIV testing
- Number of youth with increased perceived risk of HIV/STI
- Number of individuals that received educational materials
- Determine if there is an increase in participation

Tobacco/Smoking Cessation

Sample Outcomes	Short-Term Metrics	Intermediate Metrics
<ul style="list-style-type: none"> • Increase knowledge of tobacco cessation among youth • Increase knowledge of tobacco cessation among adults • Increase change in attitudes among youth and adults • Increased tobacco cessation services offered • Increased promotion of existing tobacco cessation services • Increase knowledge of policies supporting tobacco cessation 	<ul style="list-style-type: none"> • Number of individuals participating in initiative • Number of individuals receiving tobacco cessation education • Decrease in smoking initiation among youth, and adults • Increased smoking cessation among youth, and adults • Number of individuals referred to cessation services • Number of individuals promoting adoption of key policies that support tobacco cessation • Number of individuals (youth and adults) committed to participate in policy change 	<ul style="list-style-type: none"> • Develop follow-up surveys for participants to determine quit smoking • Track participants' progress from the beginning of program/initiative to end • Determine if there is an increase in participation • Number of facilities with no smoking • Track number of individuals utilizing tobacco prevention and cessation programs and services • Track number of policies adopted and those that involved youth

Emergency Preparedness

Sample Outcomes	Short-Term Metrics	Intermediate Metrics
<ul style="list-style-type: none"> • Increase in knowledge of emergency preparedness • Increase in individuals awareness and knowledge of 	<ul style="list-style-type: none"> • Number of individuals participating in initiative • Number of individuals that have a family emergency plan • Number of individuals 	<ul style="list-style-type: none"> • Develop follow-up surveys for gained knowledge and skill in emergency preparedness • Track dissemination of

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| <p>emergency shelters</p> <ul style="list-style-type: none">• Increase in emergency preparedness training• Increase in knowledge of emergency action plan | <p>that have a disaster supply kit</p> <ul style="list-style-type: none">• Number of individuals that received emergency preparedness materials• Number of trainings and individuals trained | <p>emergency preparedness materials</p> <ul style="list-style-type: none">• Track number of facilities with emergency evacuation plan |
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